

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470





LOBBYIST REGISTRATION FORM JAN 30 P3:39

(See back of this form for instructions)

		De or Print Clearly)	ETHIOS COMMIS	SICN
PART I LOBBYIST				
NAME(Last) (First)		(Middle)		TELEPHONE
Endo-Omoto	Darcy	L.		547-5600
MAILING ADDRESS (S	street)	(City)	(State)	(Zip Code)
P. O. Box 3196		Honolulu	HI	96801
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE				
Goodsill Anderson	Quinn & Stifel			547-5600
MAILING ADDRESS (S	treet)	(City)	(State)	(Zip Code)
Same as above				
PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) TELEPHONE				
MultiState Associa	ates, Inc. on behalf of	Ford Motor Company		703/ 684-1110
MAILING ADDRESS (S	treet)	(City)	(State)	(Zip Code)
515 King Street,	Suite 300	Alexandria	VA	22314
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT TELEPHONE				
Paul W. Hallman				703/ 684-1110
MAILING ADDRESS (St	treet)	(City)	(State)	(Zip Code)
Same as above				
PART III. DECORPORTION OF OUR LEGIS (1901) WILLIAM STATES TO 1901				
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
Agriculture	Education	Human Services		Science, Technology & Economic Development
Communications & Government Operations & Intergovernmental Relations, Tourism & Recreation International Affairs				
Consumer Protection Commerce	n & Hawaiian Affairs	Labor & Employn	nent	Fransportaion
Culture, Arts, Historic	C Health	Planning, Land & Use Managemen	Water (Other: (indicate below)
Ecology, Energy, Environmental Protection	Ction Housing	Public Safety & C	corrections	
PART IV CERTIFICATION OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
W ELM			1/W	
	(Signature of Lobbyist)		(Dat	e)
PART V AUTHORIZ	ZATION TO LOBBY			
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Paul W. Hallman President				
NAME OF ORGANIZATION	(if applicable)			TELEPHONE
MultiState Associates, Inc.				703/ 684-1110
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
515 King Street,		Alexandria	VA	22314
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.				
Signature	of Authorizing Officer or Person Re	epresented)	(Dat	ie).